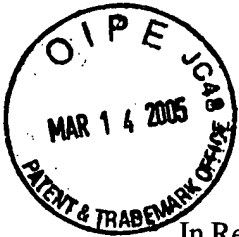


DFW



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application Of: Bakir, et al.

Group No.: 2874

Serial No.: 10/699,230

Docket No. 62020-1400

Filed: October 31, 2003

Confirmation No.: 3379

For: **CURVED METAL-POLYMER DUAL-MODE/FUNCTION OPTICAL AND ELECTRICAL INTERCONNECTS, METHODS OF FABRICATION THEREOF, AND USES THEREOF**

CERTIFIED MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as "First Class Mail," in an envelope addressed to: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 9, 2005.

Signature: Jo Bryan  
Jo Bryan

**RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT**

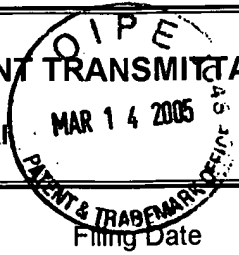
Commissioner for Patents  
Mail Stop Amendment  
P.O. Box 1450  
Alexandria VA 22313-1450

Sir:

The Office Action mailed March 4, 2005 has been carefully considered. In response thereto, please enter the following amendments and consider the following remarks.

**AMENDMENT TRANSMITTAL LETTER (LARGE)**

Applicant(s): Bakir, et al



Docket No.

62020-1400

Serial No.  
10/699,230

Filing Date  
October 31, 2003

Examiner  
Joanne H. Kim

Confirmation No.  
3379

Group Art Unit  
2883

Invention: **CURVED METAL-POLYMER DUAL-MODE/FUNCTION OPTICAL AND ELECTRICAL INTERCONNECTS, METHODS OF FABRICATION THEREOF, AND USES THEREOF**

Commissioner for Patents  
Mail Stop Amendment  
P.O. Box 1450  
Alexandria VA 22313-1450

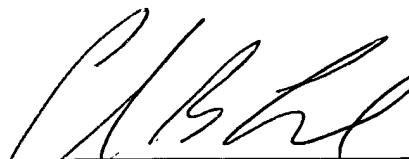
Transmitted herewith is Response to Notice of Non-Compliant Amendment in the above-identified application.

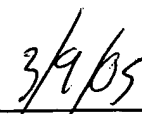
The fee has been calculated and is transmitted as shown below

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	34 -	39 =	0	X \$25.00	\$0
INDEP. CLAIMS	4 -	9 =	0	X \$100.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$180.00	\$
EXTENSION FEE	1 <sup>ST</sup> MONTH <input type="checkbox"/> \$60.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> \$225.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> \$510.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$795.00	\$
Other Fees:					\$
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0</b>

- No additional fee is required.
- Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_
- A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- A Credit Card Payment Form PTO-2038 is attached in the amount of \$ \_\_\_\_\_
- The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

  
\_\_\_\_\_  
Christopher B. Linder, Reg. No. 47,751

  
\_\_\_\_\_  
Date